




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

Eligibility Operations Memo 02-14
September 1, 2002

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services 

RE: **New and Revised Application and Eligibility Review Materials for the Traditional Population: Community and Long-Term Care, including Certain Procedural Changes**

Introduction

Eligibility Operations Memo 00-6, dated March 2000, introduced the following two eligibility forms for use by the Traditional (non-Health Care Reform) population:

- The MassHealth Information Request (MIR); and
- The Asset Assessment for potential MassHealth eligibility cover letter and form (MH/AA-C) and (MH/AA).

These were the first of several new forms and related documents that have been developed as part of the Division's consolidated community/long-term-care (LTC) application initiative to standardize and streamline the Traditional MassHealth application and eligibility review process.

To support this effort, the Division has restructured and simplified the current Traditional application process. The current dual application process requires one type of application for community-based seniors, including certain persons needing LTC services to live at home, and another type of application for persons who are institutionalized or awaiting LTC placement. The new consolidated application process enables the entire Traditional population, whether living in the community or in a LTC facility, to complete a generic core application with (in most cases) merely the addition of a small supplement for persons needing LTC services.

Following an extensive review of all documents relating to the application and eligibility review process, eligibility documents have been revised, replaced, or obsoleted. The new documents have been

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Introduction
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reformatted and carefully designed to capture the most complete information, eliminate redundancy, and enhance readability. Some have been designed to allow for system, on-line fill, or manual issuance as needed.

Also, the new application and review process requires eligibility staff, whenever possible, to access needed applicant or member data and documentation through on-line Division sources. Eligibility staff should require applicants or members to provide documentation only when it is inaccessible through sources available to the Division.

This memo introduces and explains the new consolidated community/LTC application and eligibility review process, including new and revised forms and notices, and the new information guide.

Note: The procedures addressed in this memo do not affect persons who are applying for or are enrolled in MassHealth Buy-In for Qualifying Individuals. These persons will continue to complete the MassHealth Buy-In Application (MHBI-1).

**Traditional
Populations**

The new and revised forms, notices, and procedures discussed in this memo impact the following “Traditional” populations.

1. Persons aged 65 or older living in the community who:
 - are not parents of or “caretaker relatives” (as defined in 130 CMR 515.001) for children under age 19; or
 - are not both disabled and working 40 or more hours a month.
 2. Persons living in the community receiving home- and community-based services that are available to members approved under the Kaileigh Mulligan program, the Program of All-Inclusive Care for the Elderly (PACE), or the home- and community-based services waiver program (“spousal waiver”). These programs, described at 130 CMR 519.007, enable certain disabled or elderly individuals who would otherwise be institutionalized to receive certain necessary services while living at home.
 3. Persons of any age living in or awaiting placement in a LTC facility.
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**Overview of New
and Revised
Forms and Notices**

The following is a list of the new and revised forms and notices. Each is described briefly. Attached to this memo are two desk guides: the **Traditional Forms Details Desk Guide** and the **Quick Reference Desk Guide for Use of Traditional Forms**. The Traditional Forms Details Desk Guide describes the forms and notices in greater detail, notes major changes, explains usage, and identifies the forms they are replacing. The Quick Reference Desk Guide for Use of Traditional Forms is a simplified guide that identifies which forms (or combination of forms) to use for applicants and members specific to certain situations.

Please note: An “-O” after a form or notice identification code indicates that it is accessible only “on-line.” These “on-line” forms and notices will no longer be printed and distributed.

- **The MassHealth Application for Seniors and People Needing Long-Term-Care Services—MHA (08/02)**—a comprehensive 10-page “core” document for all Traditional MassHealth applicants. It collects data needed for both the community and LTC applicant populations.
- **The Long-Term-Care Supplement—LTC-SUPP (08/02)**—a condensed form used to collect LTC (nonclinical) eligibility information that is required for applicants and members requesting MassHealth payment for LTC services. It is also required for persons eligible under the Home- and Community-Based Services Waiver (“spousal waiver”), but it is not used for persons eligible under the Kaileigh Mulligan program or for PACE-only individuals. In general, information requested on the MHA or MER is not requested on this form. A LTC Supplement must always be linked to a current MHA or MassHealth Eligibility Review for Seniors and Certain People Needing LTC Services (MER) on file. It is not used for “ongoing” LTC cases with PACES group codes 3D through 3Z. (See MassHealth LTC Eligibility Review (LTC-ER-O) below.)
- **The MassHealth Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services—MER (08/02)**—a comprehensive six-page document, similar to the MassHealth Application, except that it is used solely for MassHealth members. It collects and updates member data at annual and interim eligibility reviews, including reviews for members transitioning from Health Care Reform (HCR), and for members who are non-HCR-related SSI/MAOAs. It is used for community members, and for members entering or residing in LTC facilities when MassHealth has not yet determined eligibility

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**Overview of New
and Revised
Forms and Notices
(cont.)**

- under LTC rules. It is not used for “ongoing” LTC cases with PACES group codes 3D through 3Z. (See LTC-ER-O below.)
- **The MassHealth Eligibility Review notice—MR-CL-O (08/02)**—the cover letter, issued with the MER, with instructions for completing the MER on the reverse side. It is MEC-specific. When systems-generated, the cover letter is identified as MR-CL-SYS.
 - **The MassHealth Long-Term-Care Eligibility Review—LTC-ER-O (08/02)**—a one-page, two-sided, mini-version of the MER that is used for gathering data solely from MassHealth members who are “ongoing” LTC cases. These MassHealth members have already been approved for MassHealth using LTC rules, and they appear on PACES with group codes 3D through 3Z. It is used to update information that is subject to change, as well as for annual reviews, instead of a combination of the MER and LTC Supplement. The front of the form is the **MassHealth Long-Term-Care Eligibility Review notice—LTC-ER-CL-O (08/02)**, the cover notice with instructions. It also tells members that their MassHealth will stop if the LTC-ER-O is not returned by the indicated due date. It is MEC-specific and is formatted for mail-merge use.
 - **The Long-Term-Care Eligibility Review Reminder notice—LTC-ER-REM-O (08/02)**—reminder notice used as needed for those who have not responded to the LTC-ER-O. The front is the reminder notice indicating MassHealth will stop if the LTC-ER-O review form is not received by the indicated due date. The reverse is a duplicate LTC-ER-O form. It is MEC-specific and is formatted for mail-merge use.
 - **The Long-Term-Care Spousal and Family Supplement—LTC-SFS (08/02)**—gathers spousal information to calculate the maintenance needs of the community spouse in determining the patient-paid amount (PPA) of the institutionalized spouse. Used as needed—may be used in conjunction with the LTC-ER-O.
 - **The Personal-Care Attendant Supplement—PCA-SUPP (08/02)**—used for gathering data required by the Disability Evaluation Services (DES) to determine if the applicant or member meets the initial clinical standards for qualifying for MassHealth PCA services. (See Eligibility Operations Memo 02-13 for details.)
 - **The MassHealth Return Notice—Trad-Ret-O (08/02)**—used for sending an MHA and for returning items received when no application has been filed. It is MEC-specific with drop-down boxes for the MEC address and telephone numbers.

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**Overview of New
and Revised
Forms and Notices
(cont.)**

- **MassHealth and You: A Guide for seniors, and for persons of any age needing LTC services—MH + You Guide (08/02)**—combined applicant and member guide for both community and LTC populations. The Guide is further described in the Traditional Forms Details Desk Guide.
 - **The MassHealth Asset Assessment for potential MassHealth eligibility—MH/AA (Rev. 08/02)**—revised slightly, and the cover letter is now attached to the form.
 - **The MassHealth Information Request—MIR-O (Rev. 08/02)**—revised to allow the worker to indicate a first or second request for verifications, and a need for the LTC-SFS. It remains MEC-specific.
 - **The MassHealth Personal-Care Attendant Disability Tracking Form—PCA-TF-O (08/02)**—used to track submission of PCA Supplements to DES and to advise MECs of the DES decision.
 - **The Primary Language Identification Form—PLIF-MEC (07/02)**—notifies applicants of translation and interpreter assistance through MassHealth, and allows the applicant to indicate if he or she needs a “MassHealth and You” Guide in one of the other eight languages.
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**MassHealth
Application
Packet for
Traditional
Populations**

The new Traditional MassHealth Application packet contains:

- The MassHealth Application (MHA) including instructions
 - The Long-Term-Care Supplement (LTC-SUPP) with enclosed IRS tax form 4506
 - The Personal-Care Attendant Supplement (PCA-SUPP)
 - The MassHealth and You Guide (MH + You Guide)
 - The Primary Language Identification Form for MECs (PLIF-MEC)
 - A Voter Registration Form
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**Returning the
Completed
Application to the
Division**

The MassHealth Application instruction page and the “MassHealth and You” Guide advise persons to contact the MassHealth Customer Service Center to find out to which MEC to send their completed application materials and necessary verifications.

MEC staff and MassHealth Customer Service Center staff who receive inquiries about where to return forms should follow the procedures below.

- Determine if the inquiry is actually about the return of a MassHealth Application and not about an MBR. All MBRs must still be sent to the CPU for processing.
- Ask the caller to identify the city or town where the applicant lives. If the applicant lives in a LTC facility, find out the name of the city or town where the facility is located.
- Use the list of MEC-assigned cities and towns (see Eligibility Operations Memo 97-5, pages 5-7—and use Revere information instead of Charlestown) to advise the caller of the appropriate MEC mailing address or fax number. (The listing of MEC-assigned cities and towns can also be found in the All Provider Manual, Appendix B, on the DMA website.)

Important: Because the caller is frequently not the actual applicant, remember to ask the caller for the applicant's resident city or town, and not to merely ask for the caller's resident city or town, since this could result in providing information for an incorrect MEC.

**New Asset
Questions
("Deposits Made
to a Health-Care
or Residential
Facility")**

The MHA, MER, and LTC Supplement now include new asset questions about any deposits made to a health-care or residential facility, such as an assisted-living facility, by the applicant or member, or by someone acting on behalf of the applicant or member. The “holder” of the asset could be an assisted-living facility. These questions have been added to obtain a more accurate determination of the value of an applicant's or member's assets. For LTC cases, these questions will also help to identify possible transfers of assets.

Example: A single individual sells his or her home and receives \$250,000. The individual enters a multi-level-of-care facility ranging from assisted living to nursing-home care, and pays the facility a deposit of \$250,000, which is mostly refundable if the individual leaves the facility. The individual eventually enters the skilled nursing home unit of the same facility, and applies for MassHealth, but does not disclose the \$250,000

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New Asset Questions
(“Deposits Made to a Health-Care or Residential Facility”)
(cont.)

deposit. (The individual may be assuming the deposit is not refundable while remaining in the same facility.) However, under 130 CMR 450.203, such a deposit must be returned as soon as MassHealth eligibility is established. The facility may have refunded the deposit instead to a family member who claims the deposit actually belongs to that family member and not to the applicant. This results in a transfer of assets.

Remember: If it is determined that a deposit has been made to a health-care or residential facility by or on behalf of an applicant or member, complete the **Request for a Legal Opinion (RLOP)** (see Eligibility Operations Memo 99-5), and submit it to the Legal Unit.

Effective Date for Use of the New and Revised Traditional Forms

The new application and eligibility review process (including the use of the new and revised forms and notices) is effective August 1, 2002.

- Once the new and revised materials are available, any supply of obsolete Traditional materials should be recycled.
- To ease the transition, MECs should accept and process completed obsolete forms through December 31, 2002.
- Providers and others who dispense MassHealth Applications and serve the Traditional populations will be advised of the effective date for the new Traditional application and eligibility review process and materials.

On-Line Forms and Notices

As previously indicated, certain forms and notices that MEC staff sends to applicants and members as part of the Traditional application and review process have been put on-line. This will make access to the forms quicker and easier for staff, and will ensure standardization and readability. Specific instructions about accessing, completing, and printing on-line forms and notices will be sent to MECs under separate cover.

Important Reminders and Changes

The following are some reminders and changes to keep in mind when dealing with Traditional cases.

- When reviewing eligibility for Traditional cases, check for any changes in noncountable and countable assets by comparing information reported during the current eligibility review with asset codes and amounts from the previous review. Make sure countable

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**Important
Reminders and
Changes
(cont.)**

assets on the GRT-1 screen are compared to information provided on the eligibility review. If discrepancies occur, request files from the Central Filing Unit, if necessary.

- Check SVES for Medicare and social security information, including social security disability status, for all Traditional cases. This eliminates the need to request these verifications from the applicant or member.
- When sending the LTC-ER-CL-O/LTC-ER-O to a member, remember to include the UNIV-5 (Rev. 05/00), multilingual notice.
- For LTC insurance policies, enter the applicant's name and SSN on the front of a copy of the policy and send a copy of the entire policy to:

DMA
Benefit Coordination and Recovery Unit
600 Washington Street, 6th floor
Boston, MA 02111
Attention: Lisa Cote
Fax: 617-210-5080
Tel.: 617-210-5129

- When sending the MER to a member, ensure that the completed MR-CL-O (notice and instructions), PCA Supplement, and UNIV-5 are enclosed.
- The MHA and MER now contain a section entitled "Vehicles/Mobile Homes" to capture ownership of any mobile home. Note: Since there is no deed for a mobile home and it is not considered real estate for lien purposes, there may be no matching information for Division recovery. If a person leaves his mobile home to enter a LTC facility, inquiries should be made to obtain the disposition of the mobile home.
- Applicants and members living in the community and seeking eligibility under the Home- and Community-Based Services Waiver regulations at 130 CMR 520.007(B), and MassHealth members entering LTC, must be evaluated using LTC eligibility criteria and, therefore, must complete the LTC Supplement. These persons are subject to the LTC transfer rules.
- The LTC-ER-CL-O gives members who return their completed review form by the required return date an additional 30 days, if needed, to submit required verifications.

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**Important
Reminders and
Changes**
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- Accept any completed UNIV-1 or MA/LTC-1 (or MA-3RD, if any) received on or after August 1, 2002, through December 31, 2002. Use the MIR to send a copy of the PCA section from page 2 of the MHA and a PCA Supplement to appropriate community applicants. Enter the applicant's name and SSN at the top of the copy of page 2 for identification purposes before mailing.
 - If an applicant or member answers "YES" to the last three questions in the PCA section on page 2 of the MHA or MER, check to see if a completed PCA Supplement has been submitted. Follow the procedures in Eligibility Operations Memo 02-13 for sending to DES. If a PCA Supplement is indicated, but missing, send a PCA Supplement to the applicant or member with the MIR annotated under "Other Information."
 - Refer inquiries about the MassHealth Personal-Care Attendant program, including clinical questions and requests for a listing of the MassHealth PCA agencies, to the MassHealth PCA Program manager at 617-210-5000.
 - If a MEC receives a request for the "MassHealth and You" Guide either through receipt of a PLIF-MEC or by other means, the MEC must have a process set up to send the Guide in the indicated language, per availability. Please Note: The Guide is available only in English at present. MECs will be notified as the various translated versions become available.
 - These new procedures and new and revised forms and notices also obsolete any similar current procedures and MEC-developed forms and notices.
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Distribution

MECs and other agencies will receive initial supplies of the new MHA packets. MECs will also receive initial supplies of other new and revised Traditional materials, including the MER.

Frontline Focus

The next issue of *Frontline Focus* will list all the new, revised, and obsolete forms and notices in the "Forms Update" section. Please refer to this section to make sure your MEC has received and has access to all appropriate printed and on-line new and revised forms, and also to ensure that all supplies of obsolete forms and notices are destroyed/recycled and no longer used.

Providers Providers will be sent a bulletin explaining the new Traditional forms and instructing them to contact Unisys to obtain the new forms.

Special Thanks We would like to extend thanks to all the members of the senior application work group, and to those outside the work group who participated in the development of these new and revised Traditional materials and process. Their expertise, commitment, and many contributions during the many months spent in the development of the consolidated application process, forms, and guide were invaluable to the successful completion of this project.

Questions Please direct questions about this memo to the MassHealth Policy Hotline through your office designee.

QUICK REFERENCE DESK GUIDE FOR USE OF TRADITIONAL FORMS

Applicant: Living in	Applicant Completes Form(s)
<ul style="list-style-type: none"> ▪ Community ▪ Community (Spousal Waiver) ▪ Long-Term Care 	<ul style="list-style-type: none"> ▪ MHA ▪ MHA and LTC-SUPP ▪ MHA and LTC-SUPP

Member: Current Situation	Member: New Situation	Member Completes Form(s)
HCR (MA21)	<ul style="list-style-type: none"> ▪ Turns 65—Community ▪ Enters Long-Term-Care Facility ▪ Kaileigh Mulligan eligibility or PACE enrollee ▪ Spousal Waiver (person may also be a PACE enrollee) 	<ul style="list-style-type: none"> ▪ MER ▪ MER and LTC-SUPP ▪ MER ▪ MER and LTC- SUPP
SSI (MAOA)	<ul style="list-style-type: none"> ▪ In Community (includes PACE) ▪ In Community (includes Spousal Waiver) ▪ In LTC 	<ul style="list-style-type: none"> ▪ MER ▪ MER and LTC-SUPP ▪ MER and LTC- SUPP
Traditional (Community)	<ul style="list-style-type: none"> ▪ Reviews and changes ▪ Enters LTC 	<ul style="list-style-type: none"> ▪ MER ▪ MER and LTC-SUPP
Traditional (LTC)	<ul style="list-style-type: none"> ▪ Reviews and changes ▪ Person goes into Community (65 or older) ▪ Person goes into Community (under 65) 	<ul style="list-style-type: none"> ▪ LTC-ER-O (with LTC-SFS, if deemed necessary by worker) ▪ MER* ▪ ERV-5* [review eligibility under HCR rules]

*If SSI was closed and member has RSDI income, remember to check for PICKLE and DAC eligibility.

TRADITIONAL FORMS DETAILS DESK GUIDE

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
MHA (08/02)— MassHealth Application for Seniors and People Needing LTC Services (with attached instructions cover sheet)	<p>At application:</p> <ul style="list-style-type: none"> ▪ Persons aged 65 and older living in the community who: <ol style="list-style-type: none"> 1. are not parents of or "caretaker relatives" (as defined in 130 CMR 515.001) for children under age 19; or 2. are not both disabled and working 40 or more hours a month. ▪ Persons living in the community receiving home- and community- based services that are available to members approved under the Kaileigh Mulligan program, the Program of All-Inclusive Care for the Elderly (PACE), or the home- and community-based services waiver program ("spousal waiver"). These programs, described at 130 CMR 519.007, enable certain disabled or elderly individuals who would otherwise be institutionalized to receive certain necessary services while living at home. ▪ Persons of any age living in or awaiting placement in a LTC facility. <p>Persons identified above in the 3rd dot point must also complete the LTC-SUPP. Persons aged 60 and older identified above in the 2nd dot point (using the rules at 130 CMR 519.007(B)) may also need to complete the LTC-SUPP.</p>	<ul style="list-style-type: none"> ▪ Red form: a comprehensive core document that captures the applicant's (and spouse's) basic, demographic, and financial information. ▪ Collects information about identity, citizenship, detailed immigration status, income and assets (including financial information needed for an asset assessment for LTC applicants), health and life insurance (including LTC insurance), third-party liability and accident information, need for retroactive coverage, and information needed to perform PICKLE eligibility. The signature page has been revised to more resemble the MBR signature page. ▪ Under Stocks/Bonds/Other: allows for identification of any deposits that have been made to a health-care or residential facility, such as an assisted-living facility. (These types of deposits may sometimes be refundable when the individual is discharged from the facility or enters a LTC level-of-care in the same facility.) ▪ Vehicles section is now entitled "Vehicles/Mobile Homes" to capture mobile home information, especially for persons who may enter LTC. ▪ Asset assessment fields: the blocks for providing value of assets on date of admission to the medical institution for spousal cases are shaded to help differentiate them from other asset value fields. LTC individuals are instructed to complete them only if they have a spouse at home. ▪ LTC indicator (on page 1): allows applicant to identify if LTC services are needed/being received. MHA instruction sheet advises certain applicants with LTC service needs to also complete and submit the LTC Supplement that is enclosed in the MHA packet. 	<ul style="list-style-type: none"> ▪ MA/LTC-1 (Rev. 06/97) ▪ UNIV-1 (7/95) ▪ UNIV-2 (Rev. 06/97) ▪ AS-1 (06/97) ▪ MEC- Cover (Rev. 06/00)

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
MHA (cont.)		<ul style="list-style-type: none"> ▪ TPL compliance: If applicant is covered by any health insurance, including LTC insurance, eligibility worker completes header information at top of page 4, copies page 4, and sends to TPL Unit per EOM 01-14. The mailing address (unchanged) and new telephone and fax numbers are listed below. DMA Third-Party Liability Unit P.O. Box 9209 Boston, MA 02209 (fax: 617-357-7604) (tel.: 1-888-628-7526) Note: For LTC insurance—if applicant has LTC insurance, do not send a copy of the policy to the above TPL Unit. Send a copy of the complete LTC insurance policy to the following address for review to ensure proper MassHealth claims processing. DMA Benefit Coordination and Recovery Unit 600 Washington St., 6th Flr. Boston, MA 02111 Attn.: Lisa Cote (fax: 617-210-5080) (tel.: 617-210-5129) Make sure that the applicant's name and SSN are on the front of the LTC insurance policy. ▪ PCA Services section (page 2): collects information needed to determine if the applicant (who must be at least 65 years of age and not living in or entering a LTC facility) may be qualified for the PCA-related unearned income deduction used in determining financial eligibility for MassHealth. If the responses to the last 3 questions in this section are "YES," the applicant is instructed to also complete and submit the PCA-SUPP, which is enclosed in the MHA packet. 	

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
MHA (cont.)		<ul style="list-style-type: none"> ▪ Appointment of Representation and Medical Release form (formerly page 12 of the MA/LTC-1)—used to authorize the Division to act on behalf of applicants and members to appeal denied Medicare or other third-party insurance claims for possible Division reimbursement. This form is no longer part of the Traditional application. The Benefit Coordination and Recovery Unit has assumed full responsibility for this process. ▪ IRS Form 4506 was previously attached to the MA/LTC-1. It is now enclosed with the LTC-SUPP as a free-standing form. <p>The instruction cover sheet attached to the front of the MHA: provides instructions for completion and new procedures for submission of the MHA, identification of the targeted population, and general verifications needed for processing. Also included is a referral telephone number to get an MBR for any HCR applicants who may have incorrectly received the MHA packet.</p>	

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
LTC-SUPP (08/02)—LTC Supplement	<p>At application or when reviewing eligibility:</p> <ul style="list-style-type: none"> ▪ Persons entering, currently living in, or awaiting placement in a LTC facility whose MassHealth eligibility concerning possible transfers of resources, or (where a community spouse is involved) spousal maintenance needs allowance, has not yet been explored. This includes: <ol style="list-style-type: none"> 1. current SSI recipients (Cats. 1 and 3) whose SSI will close; 2. former SSI recipients (SSI-MAOA'd Cats. 5 and 7, PACES AR11) whose SSI has recently closed; and 3. community MassHealth members entering LTC. ▪ An individual or a member of a married couple living in the community whose MassHealth eligibility is determined in accordance with HCBSW rules at 130 CMR 519.007(B) ("spousal waiver"). The LTC-SUPP is needed because this population is subject to the resource transfer rules under 130 CMR 520.018 and 520.019. ▪ The LTC-SUPP is not required for persons eligible under the Kaileigh Mulligan program rules at 130 CMR 519.007(A), or for persons eligible under the PACE-only program at 130 CMR 519.007(C). However, if a PACE individual is also accepted under the HCBSW rules at 130 CMR 519.007(B), then the LTC-SUPP is required. <p>Note: The LTC Supplement must always be linked with either a completed MHA (for applicants) or MER (for members). It cannot be processed alone.</p>	<ul style="list-style-type: none"> ▪ Blue form: a short form that identifies the applicant or member and captures the following nonclinical information generally not requested on the MHA or MER. <ol style="list-style-type: none"> 1. Living expenses of the LTC resident's community spouse and dependents, LTC insurance, and real estate of the LTC resident or spouse. 2. Information needed to determine if the home should be counted as an asset (LTC resident's intent to return home) and if a lien should be placed on real estate. 3. Information for determining PPA, including information for determining the MMMNA and the SMNA deduction for the maintenance needs of the community spouse, and the FMNA for the maintenance needs of dependents of the community spouse under 130 CMR 520.026. 4. Any obligation for paying court-appointed guardian expenses. This information is needed if a guardianship expense deduction is requested under 130 CMR 520.026(E)(3). 5. Resource transfer information needed to determine if a disqualifying transfer of resources has occurred. Detailed information is needed for computing if a period of ineligibility for MassHealth payment of nursing facility services should be imposed upon the applicant or member. Includes inquiry about any deposit made to a health-care or residential facility, such as an assisted-living facility. ▪ For the convenience of those who may not be able to furnish the required two years of federal income tax returns, a blank IRS Form 4506 (Rev. 5/97)—Request for Copy or Transcript of Tax Form—is included as a free-standing form with the LTC-SUPP. The applicant or member completes and mails the form with the required fee to the IRS. If workers receive a request for the IRS Form from the applicant or member, they can download and print a copy directly from the IRS website at www.irs.gov. 	<ul style="list-style-type: none"> ▪ MA/LTC-1 (Rev. 06/97)

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
MER (08/02) —MassHealth Eligibility Review for Seniors and Certain People Needing LTC Services, and MR-CL-O (08/02) —cover letter and instructions	<p>At all scheduled annual eligibility reviews for Traditional MassHealth members on PACES, EXCEPT those identified under the LTC Eligibility Review (LTC-ER-O) section that follows.</p> <p>For the following HCR members on MA21 and Traditional members on PACES when:</p> <ul style="list-style-type: none"> HCR members lose HCR status because they: <ol style="list-style-type: none"> turn age 65; enter a LTC facility; or seek at-home LTC services under 130 CMR 519.007(A), (B), or (C). SSI-cash recipients: <ol style="list-style-type: none"> are MAOA'd into Cats. 5 or 7 AND live in or enter a LTC facility; or are MAOA'd into Cat. 5 AND live in the community. Traditional MassHealth community members: <ol style="list-style-type: none"> leave home to enter a LTC facility; or when changes occur. <p>The MER is used for members entering or living in a LTC facility who have not yet been reviewed under MassHealth LTC rules.</p>	<p>MER</p> <ul style="list-style-type: none"> Green form: a comprehensive core document that elicits any changes in circumstances that may affect continuing eligibility. Generally, members who complete this form have previously completed an MBR, an SSI application through SSA, or a Traditional MassHealth application. Collects information to update member data previously provided that is subject to change. Gathers member data not previously required or requested by the Division, or information not readily available from existing SSA/DMA (or other) Division interface reports. (This is because Traditional members may include persons transitioning from HCR or SSI.) Captures information about income, assets, including those not previously required of HCR members, health and life insurance, and immigration status. <p>Some changes include:</p> <ul style="list-style-type: none"> LTC indicator (on page 1): allows member to identify if LTC services are needed/being received. MER instruction sheet advises certain members with LTC service needs to also complete and submit the LTC-SUPP if enclosed. PCA Services section (on page 2): collects information needed to determine if the member (who must be at least 65 years of age and not living in or entering a LTC facility) may be qualified for the PCA-related unearned income deduction used in determining financial eligibility for MassHealth. If the responses to the last three questions in this section are "YES," the member is instructed to also complete and submit the PCA-SUPP, which is enclosed with the MER. Assets section: expanded to address the types of assets individually as in the MHA—to obtain more reliable data. 	<ul style="list-style-type: none"> MA-3RD MA3RDC MA-3RD/MAOA-D/S (all Rev. 02/95) SSI-MAOA DMARDT57

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
MER and MR-CL-O (cont.)		<ul style="list-style-type: none"> ▪ Medicare-related information: detailed information is not requested as it is available through SVES. ▪ Vehicles section is now entitled "Vehicles/Mobile Homes" to capture mobile home information, especially for persons who may enter LTC. ▪ Immigration section: added to emphasize the potential for an upgrade in MassHealth coverage if immigration status has changed. (This section is less comprehensive than on the MHA.) ▪ Signature page: has been revised to more resemble the ERV signature page. <p>MR-CL-O Notice</p> <ul style="list-style-type: none"> ▪ Front side of the MER instructions sheet—MEC-specific and member-specific, with system-imbedded return date ("send-back by" date) when enclosed with the MER for systems-generated issuance (MR-CL-SYS). ▪ This MEC-specific notice is also available on-line—certain fields must be completed by the worker—and must be enclosed with the MER when the MER is manually issued. ▪ It is formatted to accommodate a single-window #10 envelope and for systems-generated issuance (such as for annual reviews, or SSI-MAOA reviews, etc.), or MEC manual issuance for interim reviews, as needed. ▪ Instructions sheet (reverse side of the MR-CL-O and MR-CL-SYS): is enclosed with systems-generated MER issuance and must be inserted for manual issuance. Provides instructions for completion and submission of the MER, identification of the general targeted population, and general documentation needed for processing the review. The instruction sheet also offers the "MassHealth and You" guide and a voter registration form upon request. 	

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
<p>LTC-ER-O (08/02) and LTC-ER-CL-O (08/02) MassHealth LTC Eligibility Review form and cover notice</p>	<p>For “ongoing” MassHealth LTC cases: used instead of the combination of the MER plus the LTC Supplement:</p> <ul style="list-style-type: none"> ▪ At annual eligibility reviews ▪ When the Division becomes aware of any changes that may require an eligibility review to update case information ▪ For the majority of MassHealth LTC members who live in a LTC facility and are receiving MassHealth under LTC rules. <p>Generally these members have previously undergone thorough eligibility screening, including evaluation under LTC rules governing resource transfers, the former home, and real estate liens. Therefore, there is no need to use the more comprehensive combination of the LTC-SUPP with the MER.</p>	<p>LTC-ER-O</p> <ul style="list-style-type: none"> ▪ One-page, two-sided form specially designed to limit the information requested to the extent possible, while still capturing any changes that may affect continuing eligibility of “ongoing” MassHealth LTC cases. ▪ Available as mail-merge document and is MEC-specific to facilitate and expedite the large number of MEC-generated annual and interim LTC eligibility reviews. ▪ The front side of the notice is the instruction page; the reverse side is the data-collection document. ▪ Now asks if health insurance has been dropped and eliminates the request for Medicare information, which is available through SVES. ▪ The transfer section is amended and now asks if any assets or income have been closed or terminated since the last review. <p>LTC-CL-ER-O Notice</p> <ul style="list-style-type: none"> ▪ Identifies the LTC member, and name and address of the addressee (either the member or the member’s representative, if applicable), and it may be sent to either, as appropriate. ▪ Provides a general listing of the required verifications and the return date (“send back by” date). When manually issued (instead of mail merge), worker must complete applicable notice fields. ▪ Is MEC-specific. <p>To accommodate requests from MassHealth LTC residents and their advocates, as well as from LTC facilities who receive and have to respond to numerous simultaneous eligibility review requests, the instructions now give members an additional 30 days from the MEC-receipt date of the completed LTC-ER-O form to submit needed verifications, provided the MEC receives the completed LTC-ER-O form by the designated return date.</p>	<p>MA/LTC-RD (11/91)</p>

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
LTC-SFS (08/02) LTC Spousal and Family Supplement	<ul style="list-style-type: none"> ▪ For use as needed—no change in current procedure. ▪ Used with the LTC-ER-O, if the LTC resident has a community spouse and spousal information is needed to calculate the maintenance needs of the community spouse (and dependents) when determining the LTC resident's PPA. 	<ul style="list-style-type: none"> ▪ One-page, one-sided, "stand-alone" form that gathers spouse and dependent income and living arrangement information. ▪ All requests for spousal information have been removed from the LTC resident's eligibility review form and relocated on this form. 	MA/LTC-RD/SUPP (11/91)
LTC-ER-O (08/02) and LTC-ER-REM-O (08/02) MassHealth LTC Eligibility Review form and Reminder notice	Used as needed for "ongoing" MassHealth LTC cases who have not responded to the original LTC-ER-CL-O and LTC-ER-O.	<ul style="list-style-type: none"> ▪ The reminder notice is on the front and the LTC-ER-O is on the reverse. ▪ The reminder notice emphasizes that benefits will stop if the LTC-ER-O is not completed and received by the indicated return date. Helps to prevent cases from closing by giving members another prompt to return review form. ▪ If not used as mail-merge, worker must complete applicable notice fields. ▪ Is MEC-specific. 	NONE
MIR-R-O, MIR-S-O, MIR-TA-O, and MIR-TE-O (Rev. 08/02) MassHealth Information Request	<ul style="list-style-type: none"> ▪ At application, eligibility reviews, and whenever additional information and/or documentation is requested in writing. It should not be sent if needed information is available through on-line sources. ▪ For both applicants and members. ▪ For both first and second requests during the same eligibility evaluation, eliminating the need for an additional form for subsequent requests. 	<ul style="list-style-type: none"> ▪ The MIR remains MEC-specific and is completed by worker—but it is now available on-line. ▪ Revisions include check-off blocks for first and second requests, and to indicate if a LTC-SFS is enclosed. ▪ Applicant/member and addressee fields have been reversed to accommodate the single-window #10 envelope. 	<ul style="list-style-type: none"> ▪ MIR-R (Rev. 06/00) ▪ MIR-S, MIR-TA, and MIR-TE (all 03/00)

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
Trad-Ret-O (08/02) MassHealth Return Notice	<ul style="list-style-type: none"> ▪ When the Division receives an LTC-SUPP, Disability Supplement, or other documentation for which there is no applicant or member on file. ▪ For nonapplicants or nonmembers 	<ul style="list-style-type: none"> ▪ MEC-specific (with drop-down boxes for MEC address and telephone numbers) notice that must be completed by the worker to identify the information the Division has received and is returning. ▪ The completed notice and an MHA packet is sent along with the items received to the individual named on the document, if possible, or to the sender. ▪ Advises individual to complete the MHA and submit it with all returned documents and any other necessary verifications. ▪ Note: If the items already received include a completed LTC-SUPP and/or PCA-SUPP, the worker should include a notation on the notice that states it is not necessary for the individual to complete an additional LTC-SUPP and/or PCA-SUPP, as long as the individual sends back the originally completed items with the completed MHA. ▪ Available on-line. 	NONE

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
PCA-SUPP (08/02) Personal-Care Attendant Supplement	<ul style="list-style-type: none"> ▪ For Traditional applicants and members, 65 years of age or older, living in the community with no immediate plans to enter a LTC facility, have income that exceeds 100% of the FPL, who request MassHealth PCA services by completing the PCA section on the MHA or MER to see if they qualify for the PCA-related unearned income disregard. ▪ These individuals have answered "YES" to the last three questions in the PCA section of the MHA or MER. 	<ul style="list-style-type: none"> ▪ Gold form: one-page, two-sided form, which provides the applicant or member the opportunity to indicate specific barriers to daily living activities that he or she feels require the need for PCA services. ▪ Used for gathering data required by the Disability Evaluation Services (DES) to determine if the applicant or member meets the initial clinical standards for qualifying for MassHealth PCA services. ▪ Upon receipt at the MEC, the form is sent to the DES—see EOM 02-13 for PCA procedures. 	NONE
PCA-TF-O (08/02) Personal-Care Attendant Tracking Form	At application and review for cases with PCA-SUPP.	<ul style="list-style-type: none"> ▪ On-line, one-page, single-side form. ▪ MEC worker completes top of form before submitting with PCA-SUPP to DES. ▪ DES annotates form and returns it to MEC to indicate disposition of PCA-SUPP. 	NONE
MH/AA (08/02) Asset Assessment for potential MassHealth eligibility (Rev. 08/02)	<ul style="list-style-type: none"> ▪ For nonapplicants or nonmembers. ▪ For members of a married couple when one member is a resident of a LTC facility. ▪ The couple requests an assessment of the married couple's combined assets, but does not want to apply for MassHealth at the time of the request. 	<ul style="list-style-type: none"> ▪ Orange form: cover letter is attached to front of form and includes instructions for completion. ▪ Worker enters mailing date and current maximum spousal asset amount on cover letter. ▪ Cover letter includes area for MEC to indicate date received. ▪ Assets section: bank account section is now entitled "Bank Accounts/Pension Funds." ▪ Real estate section: now requests a copy of the deed instead of the mortgage statement. ▪ Signature page: is similar to other Traditional forms signature page. Language indicates procedures for submission of form. ▪ Additional space added for providing more information, if needed. ▪ Not available on-line. 	<ul style="list-style-type: none"> ▪ MH/AA (03/00) ▪ MH/AA-C (03/00)

Name	Use (Who and When)	Description/Changes/Instructions	Replaces
MH + YOU Guide (08/02) MassHealth and You— A Guide for seniors, and for persons of any age needing long-term-care services	<ul style="list-style-type: none"> ▪ For the Traditional populations ▪ Provided with the MHA or if otherwise requested 	<ul style="list-style-type: none"> ▪ Identifies and targets the Traditional population and refers the non-Traditional (HCR) population to the MassHealth Customer Service Center for further assistance. ▪ Intended to provide only general information for applicants and members and is not designed to include complete information about MassHealth eligibility rules and regulations. ▪ The guide is formatted into four sections and includes "sidebar" boxes to provide or highlight certain information. <ol style="list-style-type: none"> 1. Part I—Applying for MassHealth—for Seniors Living at Home (Community population—aged 65 and older) 2. Part II—Applying for MassHealth—for Persons Needing LTC, Even if Living at Home (LTC population including Kaileigh Mulligan, PACE, and Home- and Community-Based Services Waiver) 3. Part III—Special Income Eligibility Rules under MassHealth Standard for Persons Aged 65 or Older Needing PCA Services to Live at Home (rules regarding the special PCA services unearned income-related disregard) 4. Part IV—Important Information You Should Know About MassHealth (general information about a variety of eligibility issues) 5. Includes contact information referencing several DMA units, as well as identifying other agencies that may provide further assistance to applicants and members. 6. Provides the Division's website and also refers to specific Division regulation cites if more detailed information is needed. 7. Advises individuals to keep the Guide for future reference. 8. Presents information in text format, with certain information in chart format for easy access and comprehension instead of the question-and-answer format used in the former Traditional booklets. 9. Reflects the rules and standards in effect through July 2002. 	<ul style="list-style-type: none"> ▪ UNIV-3 (Rev. 06/97) ▪ AMH (Rev. 06/97)

Forms and Notices that are available on-line are identified by "-O" at the end of the form ID code. These forms and notices have been formatted to accommodate a single-window #10 envelope to show the name and address of the addressee. Please ensure that the complete mailing address (and no other personal information or MEC or Division identifying information) shows through the envelope window.